

PHILIPS MATCHING GIFT PROGRAM APPLICATION

Please print or type. To process your application all requested information must be provided.

PART A

DONOR & INSTITUTION INFORMATION

Please Print

Employee ID

Employee Name

Home Address

City State Zip Code

Philips Sector Name

Address

Name of School / Institution

School / Institution Address

City State Zip Code

PART B

DONOR SIGNATURE

After signing this section, mail this entire application to the school or institution along with your gift check.

By signing, I certify that the information on this application is correct and that my gift complies with the terms of the Philips Matching Gift Program.

Employee Signature

Date

Gift Amount

Notes:

PART C

SCHOOL OR INSTITUTION CERTIFICATION

Must be completed by an officer of the school or institution. Please send the entire original application to:

Attn: PPS Contact Center
511 Union Street
10th Floor
Nashville, TN 37219

For questions, contact Philips People Services at
(888) 367-7223, Opt 5.

I certify that the above gift has been received and that this institution is eligible to participate in the Matching Gift Program.

Amount Received

Date

Authorized

Signature

Name

Title

Please update gift department address if necessary

Philips must receive the application by Dec 31 of the current/active gift year